



## 2021 SNP MOC Training Attestation Form

By signing this form, you are attesting to the completion of Sonder Health Plans 2021 SNP MOC Training and acknowledge your obligation to comply with program requirements.

The education and training included, but was not limited to the following information:

- Review of the Types of SNP
- SNP Model of Care SHP Offers
- Comprehension of our Special Needs Plans (SNPs) Benefits
- MOC Components and Elements
- Member Qualifications for SNP
- SNP Case Management processes
- Health Risk Assessments (HRAs)
- Individualized Care Plans (ICPs)
- Interdisciplinary Care Team (ICT)
- SHP Quality Program
- Roles and Responsibilities
- SNP Resources

***THIS SECTION IS OPTIONAL AND IS NOT A REQUIREMENT PRIOR TO SIGNATURE.***

***Please take a few minutes to complete the below Model of Care (MOC) Evaluation.***

SNP Training Evaluation Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The training content was easy to understand.					
The training helped me understand the Special Needs Plans (SNP) SHP offers in 2021.					
The training helped me understand how Members qualify for SNP plans.					
The training helped me understand SNP Model of Care (MOC) requirements and elements.					
The training helped me understand the HRA, Care Plan, and ICT process and requirements.					
The training helped me understand both Plan and Provider roles in SNP MOC requirements.					
Training helped me understand the SNP MOC goal is to improve Member health outcomes.					
Comments:					

Name (Print Name)

Date

Signature

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